

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		1			
4	1		1			
5	1		1			
6	1		1			
7	2		1			
8	1		1			
9	3		1			
10	1					
11	1		1			
12	1		1			
13	1		1			
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46						
47						
48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.			11			
TOTAL CLAIMS			13			

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS